

Contribution Change Form - Deferred Compensation

Return to:
Deferred Compensation Office
1600 Pacific Highway, Room 102
San Diego, CA 92101
Mail Stop A 49

Social Security Number:		Department/ Location:	
Group Number: 150013			
Participant Name: <i>(Last, First, M.I.)</i>			
<input type="checkbox"/> Name Change? Please provide documentation			
Mailing Address:			
<input type="checkbox"/> New?			
City:		State:	Zip:
Home Phone:	Work Phone:		Ext:

You may only change your contribution to the County of San Diego Deferred Compensation Plan (457).

Please accept this as authorization to increase/decrease my salary deferral contribution per pay check

to \$ _____. I acknowledge that the total deferrals may not exceed the current IRS limit.

_____ Employee Signature	_____ Date
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Submit this Contribution Change Form to your Employer.